

Medical Care Advisory Committee (MCAC)

Monday, February 8, 2021

Members Present: Lisa Adams, Mike Auerbach, Kathy Bates, Nick Carano, Sai Cherala, Lisa DiMartino, Tamme Dustin, Ellen Edgerly, Ellen Keith, Dawn McKinney, Sarah Morrison, Kara Nickulas, Ken Norton, Ronnieann Rakoski, Bill Rider, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Mel Spierer, Carolyn Virtue, Nichole VonDette, Michelle Winchester, Heather Young, Jim Zibailo

Members Excused: Peter Marshall, Dr. Marie Ramas

DHHS: Henry Lipman, Alyssa Cohen, Janine Corbett, Dr. Beth Daly, Dr. Sarah Finne, Shirley Iacopino, Dawn Landry, Laura Ringelberg

Guests: Dan Courter, Jebb Curelop, David Donohue, Deb Fournier, Audrey Gerkin, Jasmine Harris, Tory Jennison, Josh Krintzman, Mike Miller, Susan Paschell, Jo Porter, Nicole St. Hilaire, Richard Sigel, Nick Toumpas

Review/Approval: January 11, 2021 minutes. M/S/A.

Public Health Emergency (PHE):

- **Enrollment/Eligibility Redeterminations – Henry Lipman, Medicaid Director**

The Biden Administration has signaled that it will likely extend the PHE to the end of calendar year, or possibly to 1/16/22 (a date that would follow the pattern of 90-day renewals). Note that the PHE is separate from state-level emergency status, which is renewed every 21 days.

Enrollments: As of Monday, February 1, total Medicaid enrollment was 214,082 individuals. Of these individuals, 142,573 are enrolled in standard (non-Medicaid expansion) eligibility categories, and 71,509 are enrolled in Granite Advantage (Medicaid expansion). Growth (from 3/16/20 to 2/1/21) is 36,662 individuals (20.7% increase), which breaks down to an increase of 16,518 individuals (13.1% increase) with standard Medicaid and 20,144 individuals (39.2% increase) with Granite Advantage.

On December 22, 2020, the Centers for Medicare & Medicaid (CMS) provided states with a 56-page guidance document detailing expectations for state Medicaid programs. This document is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf>. The Department is still absorbing the CMS guidance and developing proactive plans (for example, to catch up on annual eligibility redeterminations without waiting until the end of the PHE).

It is too soon to tell if PHE flexibilities will continue after the end of the PHE, due to January's Administration change. The Department will keep PHE and its associated flexibilities on the MCAC agenda.

- **COVID Testing and Vaccine Coverage – Alyssa Cohen, Deputy Medicaid Director**

In June 2020, the Department implemented the COVID-19 Testing Eligibility Group for uninsured and underinsured individuals. It is a limited benefit that covers COVID-19 testing, screening, and assessment (for example, if x-rays are needed to diagnose COVID-19). It has a simple application that is accessed online via NH Easy. Hospitals and other groups have received education about this benefit and how to apply. The Department believes that some people who are uninsured or underinsured may not know about this benefit. So far, approximately 6,000 individuals have applied for the COVID-19 Testing Eligibility Group.

The Department submitted a disaster State Plan Amendment (SPA) to CMS to cover vaccine administration—needed to allow pharmacists/pharmacies to bill a point-of-service claim (versus a medical claim). The SPA was approved, and Medicaid covers the vaccine and its administration. Providers cannot bill for the vaccine; they can bill for vaccine administration.

For the uninsured, providers can submit a form to the federal Health Resources & Services Administration (HRSA) for the Uninsured Claims Fund. Due to vaccine coverage tiers, those vaccinated (individuals in long-term care and medical professionals) presumably have insurance coverage, but in the future as more people are vaccinated, addressing uninsured individuals will be more of an issue. The Department is looking into the use of an 1115 disaster waiver to add coverage of vaccine administration to the COVID-19 Testing group and the Family Planning group (the only two limited-coverage Medicaid benefit groups); this waiver would only cover the two limited-coverage groups (i.e., it would not cover the uninsured).

- **Vaccine Rollout – Beth Daly, DrPH, MPH; Chief, Bureau of Infectious Disease Control (moved to the end of the meeting)**

Beth Daly's presentation included 12 slides regarding COVID-19 vaccine updates. The 7-day moving average is 400 cases/day, which is a decrease. Deaths are also going down. The Department is tracking 3 variants; none found yet in NH, but MA does have variant cases. Further studies are looking at whether/how the vaccine will handle variants. There are concerning results, but there seems to be some protection. Boosters may be needed to handle variants.

NH has vaccines from Pfizer (95% effective after two doses 21 days apart) and Moderna (94% effective after two doses 28 days apart). The Janssen Biotech vaccine (Johnson & Johnson; 72% effective after 1 dose, with a second dose being studied) is awaiting federal approval; once it is approved, NH plans to administer it.

All vaccines take 1-2 weeks to develop full protection. Expect pain, swelling, and redness at the injection site (less commonly reported: fatigue, headache, muscle/joint pain, and fever).

NH is in Phase 1B (opened 1/22/21).

Phase 1a: highest risk health workers, first responders, residents and staff of long term care facilities.

Phase 1b: people age 75 and older; medically vulnerable with 2 or more conditions on CDC list; residents, staff of residential facilities for persons with intellectual and developmental disabilities; corrections staff.

Phase 2a: ages 65-74.

Phase 2b: ages 50-64.

Phase 3a: medically vulnerable under age 50 with one or more conditions.

Phase 3b: all others.

NH is generally on target to start Phase 2a at the beginning of April (dependent on receipt of the vaccine).

Family caregivers of medically vulnerable under age 16: Additional guidance emphasizes that this category is for family caregivers of children under age 16, **and** that the child is primarily isolated at home; the caregiver is the primary provider of services to the child; the child is authorized for private duty nursing and other home health care supports that meet an institutional level of care. Healthcare providers verify medical vulnerability.

NH statistics: 115,651 first doses provided (9% of the population). 41,753 residents have received the second dose (36% of people who got the first dose).

VAMS is the vaccination scheduling system. If providers don't have access to VAMS, they send info to DHHS and DHHS enters it into VAMS.

For information, the public is directed to: call 211; visit <https://www.nh.gov/covid19>; email covidvaccine@dhhs.nh.gov.

Vaccine comments and questions:

L DiMartino spoke of the experience of her son, age 23 and medically vulnerable. Still waiting on appointment that is nearby.

N Rollins noted a big variability in regional public health networks. Her work with Manchester Public Health has gone very well, but there is concern about other public health networks, some of which are not returning phone calls. Are there suggestions to address some of these issues before moving into the next vaccine phases?

A Gerkin spoke of a catch-22 where primary care providers (PCPs) are asking parents to call 211, but 211 is asking parents to call the PCP. B Daly clarified that the PCP verifies medical vulnerability by completing and submitting a form to VAMS or DHHS. Parents have reported that Dartmouth-Hitchcock PCPs (if not other locations, as well) submit the medical vulnerability paperwork, but subsequently, parents are not getting an email with the vaccination appointment—perhaps because the system won't allow the appointment email to be re-emailed to the same address when necessary. In these scenarios, caregivers need to provide a different email address so that the appointment email can be emailed again. Email elizabeth.daly@dhhs.nh.gov or covidvaccinescheduling@dhhs.nh.gov to report these issues.

C Virtue noted that Meals on Wheels drivers are reporting that they thought they were going to get vaccinated as healthcare providers, but VAMS is rejecting them in that category. B Daly confirmed that drivers are not eligible in that category; this should be clarified for the drivers.

C Virtue noted that some people are having trouble getting an appointment for the second vaccine within the correct timeframe. B Daly clarified that although the Pfizer timeframe is 21 days and Moderna is 28 days, the CDC says either can go as long as 42 days (and even if the 42 days is missed, the first dose is not repeated, but rather the second dose is to be administered at the next earliest opportunity). In NH, anyone vaccinated on 2/26/21 or earlier will be scheduled for the second dose appointment within the target timeframes. Second doses are being scheduled during the first vaccine appointment.

Status of Division of Long Term Supports and Services (DLTSS) 1915 Waivers – Henry Lipman, Medicaid Director

Bureau of Developmental Services:

- 1915(c) In-Home Support (IHS) waiver renewal: the IHS waiver reapplication was approved by CMS on 12/30/20 for a five-year period (1/1/21 through 12/31/25).
- 1915(c) Developmental Disabilities (DD) waiver renewal: the 30-day public comment period closed on 2/12/21. The Department's application is due to CMS by 3/19/21. The target approval date is 8/31/21. So far, there have been a lot of valuable public comments, some of which require the Department to reach out to CMS for technical assistance. The Department will provide formal written response to comments when completed.
- 1915(c) Acquired Brain Disorder (ABD) waiver renewal: the 30-day public comment period starts on 3/22/21. The Department's application is due to CMS by 7/1/21. The target approval date is 10/31/21.

Bureau of Elderly and Adult Services:

- 1915(c) Choices for Independence (CFI) waiver renewal: the 30-day public comment period starts on 9/13/21. The Department's application is due to CMS by 12/21/21. The target approval date is 7/1/22.

Department Updates:

- **Legislation – Henry Lipman, Medicaid Director**

John Williams, Esq., Director of Legislative Affairs, was not present today; the Department will plan to have John at the March MCAC meeting to address legislative questions, as previously requested by MCAC.

- **Adult Dental Benefit – Sarah Finne, DMD, Medicaid Dental Director**

There are three ways to get to the same place. This is all about funding:

HB 103, *establishing a dental benefit under the state Medicaid program*. Similar to HB 1530 last year. The bill calls for Requests for Information (RFIs) to be released by August 1, 2021; SPA submitted by November 1, 2021; and implementation of a procured contract to begin April 1, 2022. There is no appropriation in legislation; this important benefit is to be worked through as part of the budget process.

HB 4 (session year 2019 budget bill): waiting to see what comes through the Governor's office.

SB 150-FN, *establishing a dental benefit under the state Medicaid program*. Very similar to HB 103. The Department was asked to do a fiscal note for both, which is in the works.

- **HB 601**, *relative to the privacy of personal information retained by a health or social service agency and prohibiting the sharing of such information between such agencies*. This bill is currently in a hearing at the time of the MCAC meeting. The Department is in opposition, as this would not allow for care coordination.

- **Agency Budget, FY 2022/2023 – Henry Lipman, Medicaid Director**

Awaiting finalization of Governor's budget; his budget address will be sometime this month.

- **Medicaid Spending by Category – Henry Lipman, Medicaid Director**

The Department provided a report to MCAC. The Department will continue to update and share the report every 6 months.

- **MCM Amendment # 5 – Henry Lipman, Medicaid Director**

Approved at the end of January (G & C meeting was 1/22/21). January claims have the provider rate increase. Highlights in contract amendment:

Price limitation reduction of \$128M. Major components that were reduced:

- Initial estimates of enrollment growth (projected 215,000 enrollees/mo. for SFY 2021 based on PHE and unemployment) – overall the economy has come back more than expected, dropping from around 20% to around 4%, so enrollment growth not as steep. Right now the increase is around 36,000, with the total around 208,000/mo.
- Also revisited assumptions around use for Covid services—use rates assumed a 1.2% increase, but net effect was about a 3% decrease in services related to Covid.
- Third major component was looking at new features of the MCO contract and \$17.4M in administrative payments to MCOs—made some adjustments to programming to reflect that return on investment in some areas is not on track due to PHE. Made a contract adjustment of withhold risk of about \$6M to help sustain the pilot started in local care management.
- Also in new contract, had a continuation of risk corridors if utilization is even less than the Department projected.

July 1 contract update (Amendment #6): Department has about 90 days remaining to get this on the table on time. It will go to the Executive Council in June for an effective date of July 1, 2021.

- **Disability Determinations – Henry Lipman, Medicaid Director**
January 2021 charts reviewed (emailed to MCAC and screen shared during meeting). Some uptick in adults pending over 90 days.
A & M report: Asked whether DHHS will make it public; it is not a public document, but expected to be in the near future.
- **Private Duty Nursing (PDN) – Henry Lipman, Medicaid Director**
Background: under the 1135 waiver obtained in March, the Department learned it could allow screened family members to provide personal care services. There is a prohibition against paying family members for PDN services, and therefore a threshold of not more than 50% of unfilled hours can be paid for personal care services.

Based on Michelle Winchester’s research, as well as Jane Hybsch’s research with Program Integrity, the Department believes it has the latitude to allow individual nurses to participate in PDN. The Department is now looking to see if current 1135 waiver flexibility could be extended in some manner. It is also looking to see what can be done with NH’s federal delegation.
- **Adult Dental Benefit – Sarah Finne, DMD, Medicaid Dental Director**
DHHS is awaiting word as to whether our prioritized need is included in the Governor’s budget . See above under Legislation subheading.
- **DSRIP – Henry Lipman, Medicaid Director**
The waiver, ending 12/31/20, focused on integration of primary care and behavioral health, and coordination of care. Seven federally funded regions – Integrated Delivery Networks (IDN) – were established. IDNs will return to give presentations.
- **HB 1280 – Henry Lipman, Medicaid Director**
Relative to copayments for insulin, establishing a wholesale prescription drug importation program, establishing a New Hampshire prescription drug affordability board, establishing the prescription drug competitive marketplace, relative to the pricing of generic prescription drugs, relative to prior authorization for prescription drug coverage, and requiring insurance coverage for epinephrine auto-injectors (signed by Governor Sununu 7/16/20). The Department hopes to submit the application for importation this week. Representative Merchant and others are looking at this.

Subcommittees – Carolyn Virtue, Chair

- **Membership Committee -- Jonathan Routhier, Vice Chair**
There are four members whose terms expire in July. The Membership Subcommittee is reviewing bylaws. After the March meeting, the Membership Subcommittee (J Routhier, N Rollins, and C Virtue) will start the process for nominating Chair and Vice Chair. Jonathan will send a calendar invite for late February to look at expiring terms and positions of Chair and Vice Chair. Looking for members to join the Membership Subcommittee: feel free to reply yes to the meeting invite and you’ll be added.
- **Medicaid to Schools – Henry Lipman, Medicaid Director**
The current priorities are to complete the provider manual; hold a billing meeting for stakeholders; and solicit input for rulemaking.
- **Telehealth Rule – Dawn Landry, Medicaid Policy Administrator**
HB 602-FN, *relative to reimbursements for telemedicine*. Public Hearing: 2/2/21—a lot of opposition was voiced in the hearing. Senator Sherman, who worked on the previous bill (HB 1632) and also on the

Commission for Telehealth, seems to be pushing to hold off on HB 602 so that it's retained or ITL'd (voted inexpedient to legislate). Concerns relative to language around "audio only" and parity issue (M Auerbach noted that these issues are of particular concern for dentists).

Nancy Rollins: met with Dawn Landry and committee members 2/5/21. Conversation on current rule, and what we want in the revised rule. Came to the conclusion (in agreement with the Department) that telehealth is a method of service provision. Provider participation: D Fournier provided info from HB 1633. Want to be sure language is expansive. D Landry: goal is to have draft rule to committee before the next meeting on Friday 2/19/21.

- **Dental:** info as above, under Department Updates.
- **Unite Us (vendor) Closed Loop Referral Subcommittee – Carolyn Virtue, Chair**
N Rollins, D McKinney, and C Virtue agreed to start this subcommittee.

Agenda item for March 8 meeting:

Mike Auerbach: HB 611 (banning water fluoridation) would have a huge impact on children. Scheduled to be "exec'd out" this Wednesday. If not killed in committee, it will be on the floor before the March meeting; need to monitor this bill.

Misc.:

Request received to add Sarah Aiken, Director of Public Affairs for Community Bridges, back to the MCAC mailing list (saiken@communitybridgesnh.org; 603-724-7039).

Motion to adjourn: M/S/A.